



I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231, ON THE DATE INDICATED BELOW.

By: Victoria A. Jones

Date: 10/15/02

RCE *11/Reg under 1.114* *10-15-02*

PATENT
BOX RCE

Best
11-8-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Patent Application of : Group Art Unit: 1615
Stanley Stewart DAVIS *et al.* :
Conf. No.: 6578 :
Appln. No.: 09/841,228 : Examiner: Sharon Howard
Filed: April 24, 2001 :
For: NASAL DRUG DELIVERY : Attorney Docket
COMPOSITION : No. 10774-57US
: (WESR/P21724US)
:

TECH CENTER 1600/2900

OCT 23 2002

RECEIVED

AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. 1.114

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed April 10, 2002 (Paper No. 8). Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- Enter the unentered Amendment previously filed on ____ under 37 CFR 1.116 in the above application.
- An Amendment.
- An Information Disclosure Statement, PTO/SB/08A and cited references.
- New formal drawings.
- A Petition for Extension of Time to ____ for the pending application.
- Other:

The following fees are enclosed:

- RCE fee of \$740.00 required under 37 C.F.R. 1.17(e).
- Extension of time fee in the amount of \$____.00
- Additional claim fees of ____ for excess claims submitted in the enclosed Amendment, calculated as follows:

10/22/2002 BABRAHA1 00000069 09841228

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| | | | | | SMALL ENTITY | | LARGE ENTITY | |
|---|---|-----|---------------------------------------|------------------|--------------|----------------|--------------|----------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| TOTAL | | (-) | or 20 | | x9 | | x18 | |
| INDEP. | | (-) | or 3 | | x42 | | x84 | |
| [] 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | +\$140 | | +\$280 | |
| | | | | | TOTAL | | TOTAL | |

[X] Firm check(s) totalling \$ 740.00 is/are enclosed herewith.

[X] The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 210774.0057) as noted below. A duplicate copy of this sheet is enclosed.

[X] Any overpayments or deficiencies in the above-calculated fee(s).

[] RCE fee in the amount of \$_____.00.

[] Extension fee in the amount of \$_____.00

[] Additional claim fee(s) in the amount of \$_____.00 as calculated above

[X] Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.

[X] In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

15 October 2002

(Date)

By:

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